Women's Health USA 2006

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PREFACE AND READER'S GUIDE

Healthy women in healthy communities is important to the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). HRSA is charged with ensuring access to quality health care through a network of community-based health centers, maternal and child health programs, and State, Territorial, and community HIV/AIDS programs. In addition, HRSA's mission includes supporting individuals pursuing careers in medicine, nursing, and many other health disciplines. HRSA fulfills these responsibilities by collecting and analyzing timely and topical information that identifies health priorities and trends that can be addressed through program interventions and capacity building.

HRSA is pleased to present *Women's Health USA 2006,* the fifth edition of the *Women's Health USA* data book. To reflect the ever-changing, increasingly diverse population and its characteristics, *Women's Health USA* selectively highlights emerging issues and trends in women's health. Data and information on life expectancy, postpartum depression, food security and smoking during pregnancy are a few of the new topics included in this edition. Where possible, every effort has been made to highlight racial and ethnic as well as sex disparities.

The data book was developed by HRSA to provide readers with an easy-to-use collection of current and historical data on some of the most pressing health challenges facing women, their families, and their communities. *Women's Health USA 2006* is intended to be a concise reference for policymakers and program managers at the Federal, State, and local levels to identify and clarify issues affecting the health of women. In these pages, readers will find a profile of women's health from a variety of data sources. The data book brings together the latest available information from various agencies within the Federal government, including the U.S. Department of Health and Human Services, U.S. Department of Agriculture, U.S. Department of Labor, and U.S. Department of Justice. Non-Federal data sources were used when no Federal source was available. Every attempt has been made to use data collected in the past 5 years. It is important to note that the incidence data included is generally not age-adjusted to the 2000 population standard of the United States. This affects the comparability of data from year to year, and the interpretation of differences across various groups, especially those of different races and ethnicities. Without age adjustment, it is difficult to know how much of the difference in incidence rates between groups can be attributed to different age distributions. Also, presentation of racial and ethnic data may appear differently on some pages as a result of the design and limitations of the original data source.

Women's Health USA 2006 is available online at either the HRSA Office of Women's Health Web site at www.hrsa.gov/womenshealth or the Office of Data and Program Development's Web site at http://mchb.hrsa.gov/data/. In an effort to produce a timely document, some of the topics covered in *Women's Health USA 2005* were not included in this year's edition because new data were not available. For coverage of these issues, please refer to *Women's Health USA 2005*, also available online. The National Women's Health Information Center at www.womenshealth.gov also has updated and detailed women's and minority health data and maps available at the State and county level and by age, race/ethnicity, and sex.

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INTRODUCTION

In 2004, women represented 51 percent of the 285 million people residing in the United States. In most age groups, women account for approximately half of the population, with the exception of people 65 years and older; among older Americans, women represent almost 58 percent of the population. The growing diversity of the U.S. population is reflected in the racial and ethnic distribution of women across age groups. Black and Hispanic women account for 9 and 6 percent of the female population aged 65 and older, respectively, but they represent 16 and 20 percent of females under 15 years of age. Non-Hispanic Whites accounted for 82 percent of women aged 65 years and older, but only 59.3 percent of those under 15 years of age.

In addition to race and ethnicity, income and education are important factors that contribute to women's health and access to health care. In every family structure, women are more likely than men to live in poverty. Poverty rates are highest among women who are heads of their households: nearly one-quarter of female heads of households are poor. Poverty rates are also higher among women with no high school diploma (28.3 percent) than women with a high school diploma (12.3 percent) or at least some college education (8.4 percent). However, the number of women going to college is increasing;

more than 1.5 million women earned post-secondary degrees in 2003, and women now represent more than half of recipients of associate's, bachelor's, and master's degrees.

America's growing diversity underscores the importance of examining and addressing racial and ethnic disparities in health status and the use of health care services. In 2004, 62 percent of non-Hispanic White females reported themselves to be in excellent or very good health, compared to only 54.5 percent of Hispanic women and 52 percent of non-Hispanic Black women. Minority women are disproportionately affected by a number of diseases and health conditions, including AIDS, diabetes, hypertension, and overweight and obesity. For instance, in 2004, non-Hispanic Black and Hispanic women accounted for more than three-fourths of women with AIDS. Just over one-third of non-Hispanic White women have ever been tested for the Human Immunodeficiency Virus (HIV), compared to 52.4 percent of non-Hispanic Black women and 45.4 percent of Hispanic women.

Mental health is another important aspect of women's overall health. A range of mental health problems, including depression, anxiety, phobias, and post-traumatic stress disorder, disproportionately affect women. Moreover, pregnancy and the postpartum period are times when women may be especially vulnerable to depression. Nearly one-quarter of new mothers suffer mild depression, 9.7 percent show moderate depression, and 6.5 percent show symptoms of severe depression. Postpartum depression is most common among non-Hispanic Black and American Indian/Alaska Native women.

Physical disabilities are prevalent among women as well. Disability can be defined as impairment of the ability to perform common activities like walking up stairs, sitting or standing for 2 hours or more, grasping small objects, or carrying items like groceries. Therefore, the terms "activity limitations" and "disabilities" are used interchangeably throughout this book. Overall, 15.4 percent of women and 12.8 percent of men report having activity limitations.

Diabetes is a chronic condition and a leading cause of death and disability in the United States, and it is especially prevalent among non-Hispanic Black women. Among women in this population, diabetes occurs at a rate of 103.6 per 1,000 women, compared to 61.1 per 1,000 non-Hispanic White women. Hypertension, or high blood pressure, is also more prevalent among non-Hispanic Black women than women of other races. This disease occurs at a rate of 341.1 per 1,000 non-Hispanic Black women compared to 260 per 1,000 non-Hispanic White women and 197.5 per 1,000 Hispanic women.

Overweight and obesity are occurring at an increasing rate among Americans of all ages and both sexes. Body Mass Index (BMI) is a measure of the ratio of height to weight, and is often used to determine whether a person's weight is within a healthy range. A BMI of 25 or greater is considered overweight, and a BMI of 30 or greater is considered obese. In 2004, 51.7 percent of women were overweight or obese. In 12 States, at least one-quarter of women met the standard for obesity.

Some conditions, such as arthritis, disproportionately affect non-Hispanic White women. In 2004, the rate of arthritis among non-Hispanic White women was 279.4 per 1,000 women, compared to 225.2 per 1,000 non-Hispanic Black women and 145.5 per 1,000 Hispanic women.

Other conditions are more closely linked to family income than to race and ethnicity. Rates of asthma, for example, decline as income increases; among women with incomes under the Federal poverty level, more than one-third have been hospitalized for asthma in the past year, compared to 18.8 percent of women with family incomes of 300 percent of the poverty level or more.

Many diseases and health conditions, such as those mentioned above, can be avoided or minimized through good nutrition, regular exercise, and preventive health care. In 2003, 18.6 per-

cent of women's visits to physicians were for preventive care, including prenatal care, screenings, and immunizations. Overall, 65.9 percent of older women reported receiving a flu shot in 2004; however, this percentage ranges from 45.3 percent among non-Hispanic Black women to 68.4 percent of non-Hispanic White women. In addition to preventive health care, preventive dental care is also important to prevent dental caries and gum disease. In 1999-2002, 72.1 percent of women with dental insurance saw a dentist in the past year, compared to 60.3 percent of women with health insurance but no dental coverage, and 38.4 percent of women with no insurance at all.

There are many ways women (and men) can promote health and help prevent disease and disability. Thirty minutes of physical activity on most days of the week can reduce the risk of chronic disease; women who report any exercise at all got an average of 187 minutes of moderate exercise each week in 2004.

A healthy diet can also be a major contributor to long-term health and prevention of chronic disease. However, more than half of adult women's diets include more than the recommended amount of saturated fat and sodium and less than the recommended amount of iron. Overall, 53 percent of women exceed the maximum daily intake of saturated fat, 61.4 percent exceed the maximum amount of sodium, and 82 percent do not meet the recommended amount of iron. In addition, 41.3 percent do not have enough vitamin B12 in their diets.

Contraceptive use is another important health behavior; depending on the method, it can prevent unintended pregnancy and the spread of sexually transmitted infections (STIs). In 2002, 35.8 percent of women with private insurance chose the contraceptive pill, making it the most popular form of contraception in that group. Female sterilization was the most common method of contraception among women on Medicaid (used by 40.5 percent). Condoms, which can prevent both pregnancy and the spread of STIs, were used by the male partners of only 18 percent of women with public or private insurance and 20.3 percent of uninsured women.

While some behaviors have a positive effect on health, a number of others, such as smoking and alcohol and drug use, can have a negative effect. In 2004, 22.3 percent of women smoked. However, 43.9 percent of female smokers tried to quit. In the same year, 44 percent of women reported any alcohol use in the past month; however, relatively few women (14.9 percent) reported binge drinking (5 or more drinks on the same occasion) and even fewer (3.5 percent) reported heavy alcohol use (binge drinking on 5 or more days in the past month).

Use of cigarettes, alcohol, and illicit drugs is particularly harmful during pregnancy. While use of illicit drugs among pregnant women in general is reported by only 4.6 percent of pregnant women, it is more common among pregnant adolescents, of whom 16 percent reported drug use in the past month. The use of tobacco during pregnancy is relatively rare as well, and has declined steadily since 1989. In 2004, 10.2 percent of mothers reported smoking during pregnancy. This rate was highest among American Indian/Alaska Native women (18.2 percent) and non-Hispanic White women (13.8 percent).

Women's Health USA 2006 can be an important tool for emphasizing the importance of preventive care, counseling, and education, and for illustrating disparities in the health status of women from all age groups and racial and ethnic backgrounds. Health problems can only be remedied if they are recognized. This data book provides information on a range of indicators that can help us track the health behaviors, risk factors, and health care utilization practices of women throughout the United States.